Making Recovery Real: the road to being person-driven

NASMHPD Training and

Technical Assistance Workshop

Eastern Regional

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traveling
the
transformation
highway

president's MH commission

in a transformed system...

"Consumers of mental health services must stand at the center of the system of care.

Consumers needs must drive the care *and services provided."*

president's MH commission

- **Goal 2**
  - *Mental Health Care is Consumer and Family Driven*
- **Recommendation 2.1**
  - the **plan of care** will be at the core of the consumer-centered, recovery-oriented mental health system
  - providers should develop customized plans in full partnership with consumers

improving quality for M/SU conditions

- ➢ **six key problem areas**
  - ▪ assuring that the system is patient-centered
  - ▪ enhancing measurement and quality improvement infrastructures that support care
  - ▪ improving linkages across all systems of health care
  - ▪ promoting active participation in the national health information infrastructure
  - ▪ building workforce competency and capacity
  - ▪ the need to adapt to the unique marketplace for the care of M/SU conditions

why we're here today...

despite the IOM report, the New Freedom Commission report, SAMHSA's Federal Action Agenda, the M/SU IOM report, Bill Anthony talking about recovery and rehabilitation for more than 20 years...

why we're here today…

despite the IOM report, the New Freedom Commission report, SAMHSA's Federal Action Agenda, the M/SU IOM report, Bill Anthony talking about recovery and rehabilitation for 20 years… **it's still *unusual* to see evidence of person-driven planning in practice!**

example

➤ Goal

   ▪ *Stuart will receive the assistance he needs to make decisions that best meet his needs and to keep his entitlements current*

➤ Objectives

   ▪ *Stuart will be...*

      ▪ compliant with meds

      ▪ compliant with scheduled appointments

      ▪ compliant with having his blood drawn

example

- Goal
  - *Maintain psychiatric stability*

- Objectives
  1. Attend appointments with PCP
  2. Donna will attend psychiatric appointments

What Do People Want?

- **Commonly expressed goals of persons served**

  - Manage their own lives
  - Social opportunity
  - Activity / Accomplishment
  - Transportation
  - Spiritual fulfillment
  - Satisfying relationships

  - Quality of life
  - Education
  - Work
  - Housing
  - Health / Well-being

... to be part of the life of the community

hypothesis

- ➤ Person-driven service plans are a *key lever* of personal and systems transformative change at all levels
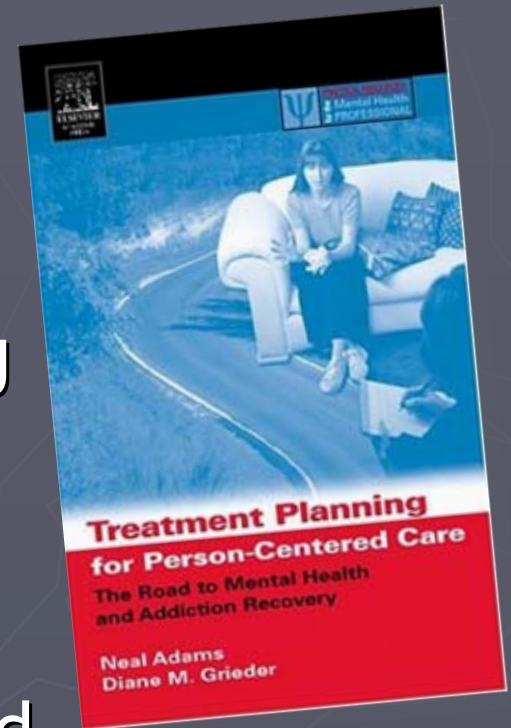
    - individual and family
    - provider
    - administrator
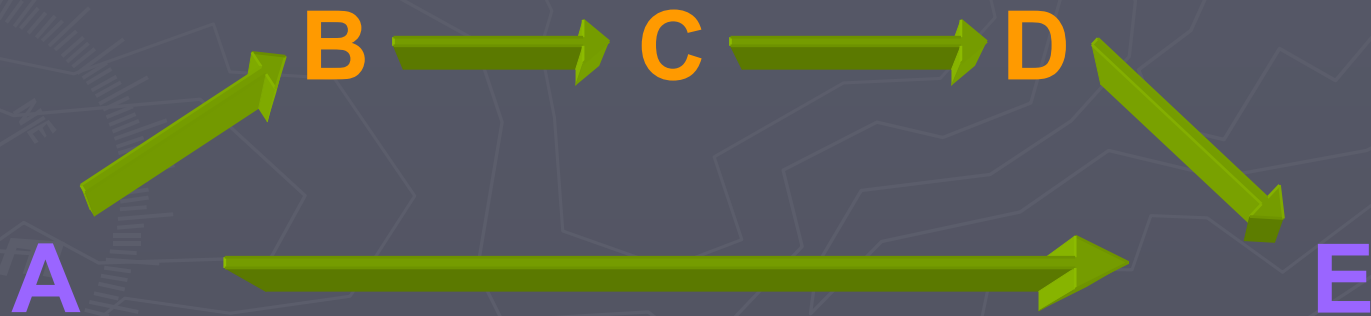   - policy and oversight

the road to recovery...

➤ person-directed planning

- is a collaborative process resulting in a recovery oriented plan

- is directed by consumers and produced in partnership with care providers for recovery services and supports

- promotes consumer preferences and a recovery orientation

Treatment Planning for Person-Centered Care
The Road to Mental Health and Addiction Recovery

Neal Adams
Diane M. Grieder

a plan is a road map

provides hope by breaking a seemingly overwhelming journey into manageable steps for both the provider and the person served
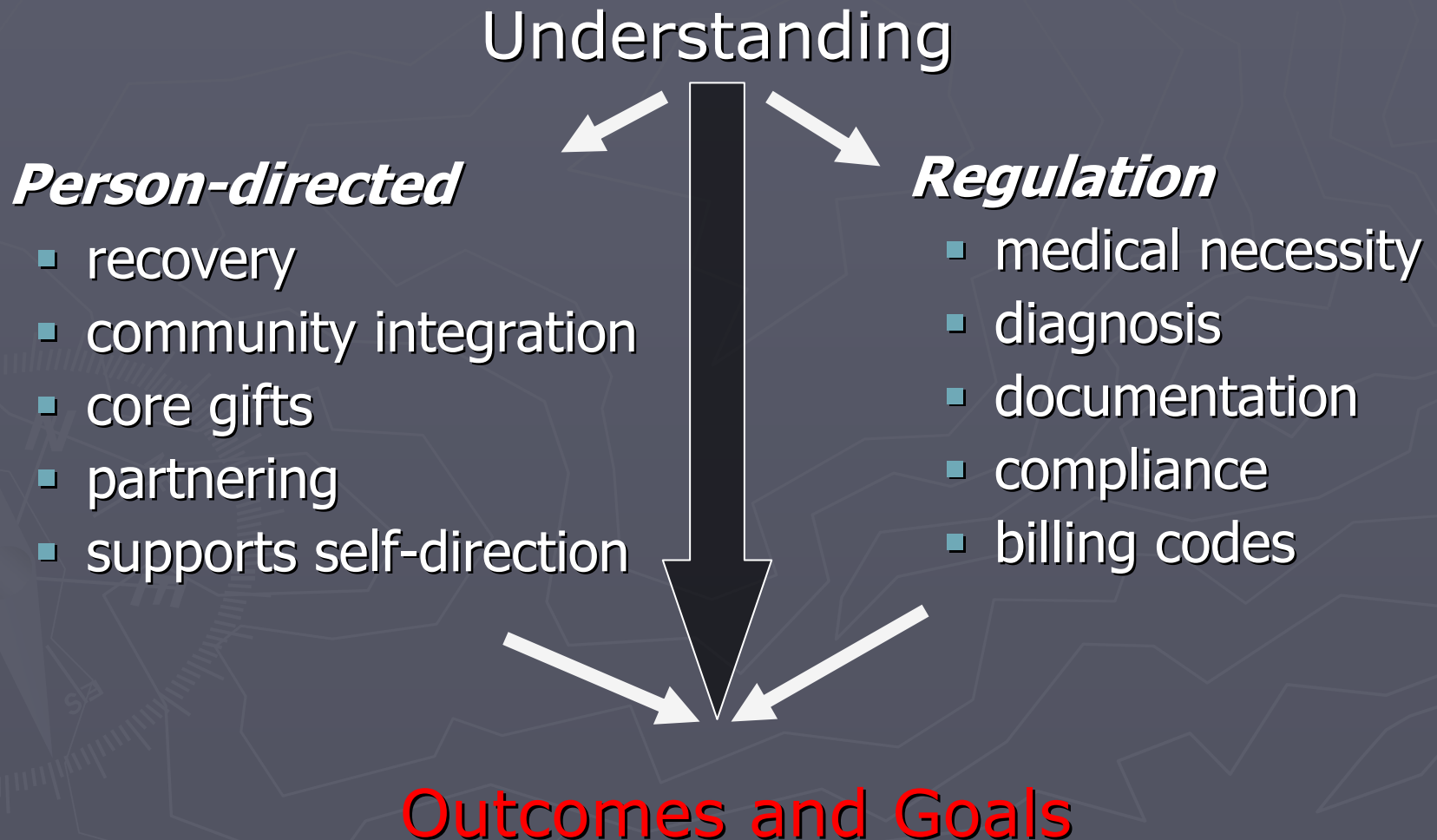
B ➝ **C** ➝ **D**

A ➝ **E**

"life is a journey…not a destination"

building a plan

serving two masters

Understanding

Person-directed
- recovery
- community integration
- core gifts
- partnering
- supports self-direction

Regulation
- medical necessity
- diagnosis
- documentation
- compliance
- billing codes

Outcomes and Goals

barriers / excuses / rationales

- Medicaid won't let us do this!
  - OIG audits
- the forms don't have the right fields
- regulations prohibit it
- consumers aren't interested/motivated
- recovery isn't real
  - stigma among professionals
- lack of time/caseloads too high
- "my clients are sicker"

barriers / excuses / rationales

- social control is our "true" mission
- professional boundaries
- funding issues
    - getting paid for services
    - no Medicaid reimbursement
    - dis-incentives
    - lack of Medicaid funding for EBP's
- "we're already doing this"

provider role changes

❖ **powerful**

❖ **all knowing**

❖ **doing it all**

❖ **professional**

provider role changes

- ❖ **powerful**
- ❖ **all knowing**
- ❖ **doing it all**
- ❖ **professional**

- ❖ **collaborative**
- ❖ **mentor / consultant**
- ❖ **skill building / support**
- ❖ **humanistic**

provider role and contribution

➢ perception
  ▪ there isn't much of a role for providers in the person-centered world

provider role and contribution

- perception
  - there isn't much of a role for providers in the person-centered world
- reality
  - there is a large but changed role for providers
    - assessment
    - formulation
    - knowledge of the system of care/community
    - knowledge of the disease and possible solutions
    - teachers/trainers/coaches/providers of hope

medical necessity

- ➢ perception
  - ▪ due to recent OIG audits, providers believe they must state *goals* in professional "mental health" language

medical necessity

> perception

- due to recent OIG audits, providers believe they must state *goals* in professional "mental health" language

> reality

- most state rehab option plans call for services that promote community integration and stability, quality of life, and function in work or other role-appropriate settings

- focus needs to be on teaching, cueing, coaching, skill building, not **doing for** the person

- *objectives / interventions* must be highly specific

our message…

- things need to change
- re-examining the role of treatment planning in the service delivery process provides an opportunity to create, foster and sustain the systems change that needs to occur
- there are concrete steps that can make this happen
- states and directors can and must be key agents of change

state level change strategies

- set the tone
  - vision/mission/expectations
- clarify policy
- reward performance
- focus on person-directed planning and QA/QI activities
- provide training and TA
- promote and support innovation
- articulate competencies and workforce development in person-driven planning

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setting the compass

Experience of Individuals, Families and Communities
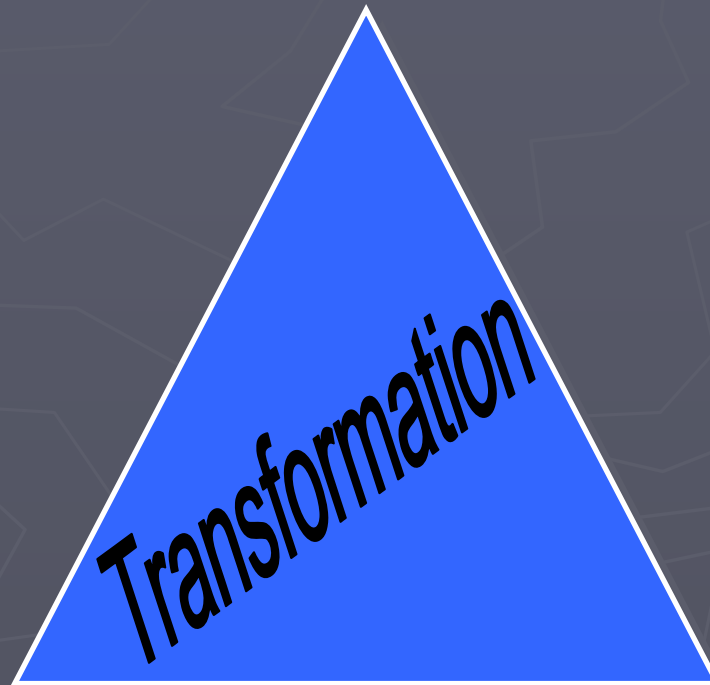
Microsystems of Care

Health Care Organizations

External Environment of Care Policy/Financing/Regulation

how we can help...

- ➢ evaluate current practice
- ➢ raise stakeholder awareness
- ➢ provide competency-based training
  - ▪ supervisors
  - ▪ direct-care staff
  - ▪ others
- ➢ facilitate innovation
- ➢ develop person-directed transformation strategies
  - ▪ community
  - ▪ in-patient
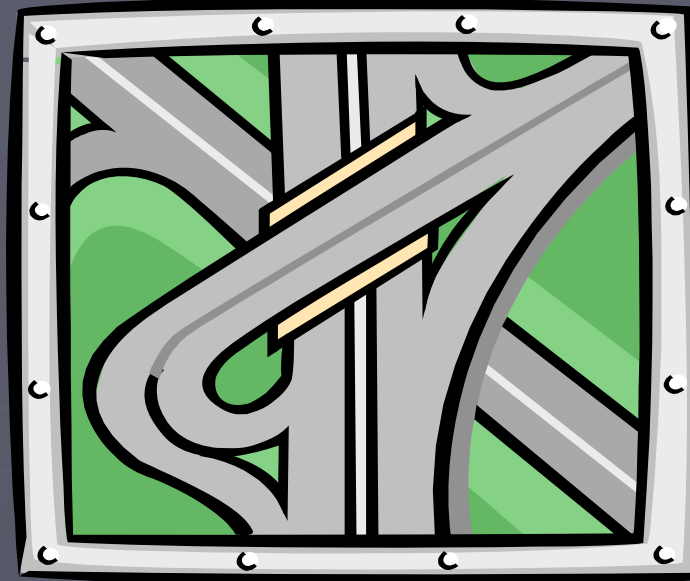
"If you don't know where you are going, you will probably end up somewhere else."

Lawrence J. Peter

How To Reach Us

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